



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**USE OF FORCE EVALUATION REPORT**

**OFFENDER INFORMATION**

☐ Adult ☐ Juvenile

**Offender**

**Name:** \_\_\_\_\_

**DOC**

**ID#:** \_\_\_\_\_

**Sex:**

☐ Male

☐ Female

**Race Code:**

☐ American Indian

☐ Asian

☐ Black

☐ White

☐ Hispanic

☐ Other

**INCIDENT EVALUATION**

**Date of**

**Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Place of Incident:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Medical Evaluation Completed:**

☐ Yes

☐ No

**By:** \_\_\_\_\_

**Incident Videotaped :**

☐ Yes

☐ No

**Type of Force Used:**

☐ Immediate

☐ Planned

**LEVEL OF FORCE USED**

- ☐ Physical Force/Self Defense Techniques
- ☐ Restraints
- ☐ Oleoresin Capsicum OC\*
- ☐ Chemical Agent\*
- ☐ Batons\*
- ☐ Conductive Energy Device\*
- ☐ Distraction Device\*

Staff

☐ Yes

☐ No

Offender

☐ Yes

☐ No

**INJURIES**

**Deadly Force:**

☐ Firearm\*

☐ Other\*

(\*) Items above will require the name of the staff member who actually used the force and documentation on training

Staff Name: \_\_\_\_\_

Trained ☐ Yes

☐ No

Staff Name: \_\_\_\_\_

Trained ☐ Yes

☐ No

**REASON FOR FORCE:**

- ☐ Self Defense
- ☐ Defense of another
- ☐ Maintenance of Security
- ☐ Prevention of a Crime
- ☐ Prevention of Suicide/Self Mutilation
- ☐ Prevention of Escape
- ☐ Destruction of Property
- ☐ Refusal of a Direct Order

**TYPE OF INCIDENT**

- ☐ Cell Extraction
- ☐ Offender Fighting Another Offender
- ☐ Offender Assaulting Another Offender
- ☐ Offender Assaulting Staff
- ☐ Staff Assaulting Offender
- ☐ Disturbance
- ☐ Forced Move

**CUSTODY**

**ADULT**

- ☐ Maximum
- ☐ Close
- ☐ Medium Restricted
- ☐ Medium Unrestricted
- ☐ Minimum Restricted
- ☐ Minimum Unrestricted

**JUVENILE**

- ☐ General
- ☐ Restricted
- ☐ Other

☐ The actions taken with respect to the use of force and or application of force were necessary and reasonable in this situation.

☐ This situation needs further investigation or review and has been referred to the Department's Investigations Bureau and the facility for follow-up action.

**Reviewer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_